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APPLICANTS

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*reprint for
lie checkup*

** CONTINUING DATA ***** *None C.C.*

** FOREIGN APPLICATIONS ***** *None C.C.*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/27/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>C.CHOW</i> <i>D.C.</i> Examiner's Signature Initials				

ADDRESS

23446

TITLE

System and method for SAP FM demodulation

FILING FEE RECEIVED 776	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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